

**SPM 3:** *Percent of women who use tobacco during pregnancy.*

Annual Objective and Performance Data	Tracking Performance Measures (Sec 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii))				
	2000	2001	2002	2003	2004
Annual Performance Objective	16.8	16.4	16.0	15.6	15.2
Annual Indicator	16.5	15.8	14.8	14.0	
Numerator	11,428	10,907	10,139	9,769	
Denominator	69,215	68,933	68,456	69,942	
Is Data Provisional or Final				Final	Provisional
	2005	2006	2007	2008	2009
Annual Performance Objective	15.0	14.5	14.0	13.5	13.0

**Notes - 2002**

Source: Numerator and Denominator: Wisconsin Department of Health and Family Services, Wisconsin Division of Health Care Financing, Bureau of Health Information, Wisconsin Births and Infant Deaths, 2001. Madison, Wisconsin, 2003. Data issues: Data for 2002 are not available from the Wisconsin Bureau of Health Information until mid-2004.

**Notes - 2003**

Data issues: There were 69,999 births in Wisconsin in 2003. Birth certificate data indicate that 60,173 women reported they did not smoke during pregnancy, 9,769 reported they smoked, and 57 were unknown. Source: Numerator and Denominator: Wisconsin Department of Health and Family Services, Wisconsin Division of Health Care Financing, Bureau of Health Information, Wisconsin Births and Infant Deaths, 2003. Madison, Wisconsin, 2005.

**Notes - 2004**

Data for 2004 are not available from the Wisconsin Bureau of Health Information and Policy until 2006.

**a. Last Year's Accomplishments**

Relates to Priority Need #8 -- ATODA. In 2003, Wisconsin women 14% of women self-reported via the birth certificate smoking during pregnancy and national average was 11.0%. Relationship to Priority Need(s): SPM #3 relates to National Outcome Measures #1, #3, #4, and #5. This SPM also relates to National Outcome Measure #2. In Wisconsin, 2003 smoking rates for African American and American Indian women are higher than national rates for the same groups. Seventeen percent of African American women in Wisconsin reported smoking, compared to 8.5% nationally, and 37% of American Indian women in Wisconsin reported smoking, compared to 18.3% nationally.

1. Title V Funded Perinatal Services--Enabling Services--Pregnant women, mothers, infants  
In 2004, the Title V Program funded 32 LHDs totaling 36 objectives addressing perinatal care coordination, prenatal/postnatal education, early entry into prenatal care, prenatal smoking cessation and perinatal depression screening.

As reported for 2004 in SPHERE, of those women that received a prenatal assessment utilizing Title V funds, 48% smoked before pregnancy and 30% smoked during pregnancy. Other SPHERE data shows of the women whose smoking changes during pregnancy were tracked approximately 60% reported being in the action or maintenance phase in their quit attempt and

43% reported exposure to second hand smoke. In Wisconsin during 2003, there were 69,999 live births; 14% of the women who gave birth reported smoking, 86% reported no smoking and .08% were unknowns. Analysis of birth certificate data indicate that smoking rates continue to be highest among women under age 25 and who were American Indian or African American.

## 2. First Breath--Enabling Services--Pregnant women, mothers and infants

In 2004, the Title V Program continued its First Breath Prenatal Smoking Cessation Program partnership with the Wisconsin Women's Health Foundation. By year end, there were a total of 114 First Breath sites in 62 counties and 1,240 women received services, twice the number of clients served from the previous year. During 2004, a cost analysis of the 2001-2002 pilot program was completed and demonstrated on average the Wisconsin Medicaid program saved \$1,274 per First Breath clients who quit smoking.

Another focus during 2004 was initiating First Breath services in communities of color, specifically African American and American Indian populations. Through needs assessment, outreach and networking, First Breath recruited sites in communities of color to attend one of three trainings held in 2004 resulting in an additional 22 First Breath sites that serve the target population and a 100% increase in the number of women of color receiving First Breath services by the end of the year. First Breath additionally collaborated with several tribal sites to create a culturally specific American Indian program brochure.

## 3. Prenatal Care Coordination (PNCC)--Enabling Services--Pregnant women, mothers, infants

See NPM #18.

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Title V Funded Perinatal Services		X		
2. First Breath		X		
3. Prenatal Care Coordination		X		

### b. Current Activities

#### 1. Title V MCH Funded Perinatal Services--Enabling Services--Pregnant women, mothers, infants

For 2005, the Title V program funded 32 LHDs totaling 35 objectives to do perinatal care coordination services, prenatal/postnatal education, early entry into prenatal care, prenatal smoking cessation and perinatal depression screening.

#### 2. First Breath--Enabling Services--Pregnant women, mothers, infants

As of May, 113 First Breath sites are participating in the program and 362 women have been enrolled. By year end, First Breath is projected to enroll about 1,500 women. The statewide expansion of the program has been completed and First Breath is now focusing on enhancing technical assistance to existing sites.

First Breath will complete the following highlighted activities beginning in May through the end of the remainder of 2005. Five regional training sessions will be conducted for counselors to network and share about their experience with clients. Providers will be able to access a web cast consisting of five training modules to orient new staff at existing First Breath sites to the program. Upon completion, providers will be required to complete a competency test ensuring their understanding of the First Breath program protocols and counseling techniques. The first

annual First Breath statewide meeting will be held. An online directory of research articles for counselors to access on the program website will be created. A University of WI Center for Tobacco Research and Intervention Regional Outreach Specialist will visit each First Breath site to address site needs regarding counseling, use of the Quit Line fax referral program, and other ways providers wish to improve their performance with clients.

The Governor introduced his KidsFirst plan in 2004 -- a comprehensive plan to invest in Wisconsin's future. This plan contains many components, including anti-tobacco initiatives that focus efforts to reduce smoking. One specific action step to address this priority is the expansion of the First Breath program statewide. Title V Program staff will be intimately involved in the details of this as the specifics unfold.

3. Women and Tobacco Team (WATT)--Enabling Services--Pregnant women, mothers, infants.  
Formed in 2004 to focus on tobacco use and cessation among women of reproductive age continued its work and added additional partners. The team's emphasis continues to be on connecting providers to the Wisconsin Tobacco Quit line's Fax Referral Program and providing information and resources to providers about the importance of smoking cessation among women of reproductive age. Plans are underway to present at a future ACOG conference and to develop a marketing campaign around billing issues for providers, focusing primarily on Medicaid clients.
4. Prenatal Care Coordination (PNCC)--Enabling Services--Pregnant women, mothers, infants  
See NPM #18.

**c. Plan for the Coming Year**

1. Title V MCH Funded Perinatal Services--Enabling Services--Pregnant women, mothers, infants  
Due to the complex nature of smoking during pregnancy, this topic will continue to be a priority for the Title V program. Title V program funds will continue to be provided to the local level that encourage and support agencies to incorporate and provide services and counseling to women who use tobacco during pregnancy. The objective for 2006 is 14.5% of women reporting smoking during pregnancy.
2. First Breath--Enabling Services--Pregnant women, mothers, infants  
The Title V Program will continue as a partner to accomplish the goals of the First Breath Program. Specific needs to be addressed in 2005 for First Breath include: increase extra treatment and social support for women, outreach to pediatricians and child care providers about First Breath, working more closely with the partners of First Breath clients and providing special attention to the post partum relapse period. Discussions will continue regarding addressing the needs of women before and after pregnancy, focusing on women of reproductive age, to include expanding the partnership beyond the current team. Title V Program staff will continue to be involved in the activities associated with First Breath expansion as proposed in the Governor's KidsFirst plan.
3. Women and Tobacco Team (WATT)--Enabling Services--Pregnant women, mothers, infants.  
The work of this team will continue, to include pursuing offering continuing education opportunities to providers and expanding the team's membership to further enhance collaborative opportunities.
4. Prenatal Care Coordination (PNCC)--Enabling Services--Pregnant women, mothers, infants

See NPM #18.